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**Original Communications.**

**THE INTERNAL USE OF CARBOLIC ACID.**

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SINCE the first introduction of carbolic acid to the notice of the profession, as a remedial agent, in the early part of the present decade, many pages, I might, perhaps, say volumes, have been written, pro and con, upon the question of its therapeutic merits. And although in some respects its good qualities are pretty thoroughly established, in others it must still be considered as *sub judice*—a statement, forsooth, that might be truthfully made concerning every article of the materia medica, so uncertain is the greater part of our so-called knowledge, in regard to the action of drugs upon the human system, in health and disease.

The power possessed by carbolic acid, in common with several other allied compounds extracted from coal tar, of arresting the processes of putrefaction and fermentation, and of destroying the germs of organic life, or of preventing their development, is generally considered the chief basis of its therapeutic value; and it was the discovery of this power that prepared the way for its employment externally as a disinfectant, deodorant and preservative. The manifest success of its application for these purposes, led, very naturally, at a time when the minds of medical men were possessed by the notion of the zymotic or fungous origin of certain diseases, to its use internally. Who first thought favorably enough of the idea to put it into actual practice, it would be difficult now to ascertain. Probably the credit of originality is due equally to more than one observer. The editor of Braithwaite seems to ascribe it to Dr. Keith, of Normandy, England,\* but in this he is widely mistaken, as will appear by the citations further on.

When administered internally, whether by the stomach, in the form of spray by inhalation, or as an injection to be retained,

the remedy is always applied to a mucous surface, and from it absorbed into the blood. Hence there are three classes of effects to be studied. 1, The local effects upon the mucous membrane. 2, Effects upon the substances in contact with the mucous membrane. 3, Effects upon the blood and vital processes after absorption.

The local effects, when employed in very dilute solution, as, of course, it always is in the methods of administration mentioned above, are those of moderate and agreeable stimulation. It has been called a local sedative; and it certainly does allay nervous irritation, itching, &c. This may, however, be mostly a secondary effect of its chemical, or of its stimulant action.

Its effect upon the substances in contact with the membrane, whether mucus, pus, blood, the digestive fluids, aliment, feces or other matter, are chiefly in the direction of arresting or preventing destructive chemical changes. In this way it prevents the formation of new substances which irritate the mucous membrane, and cause distress, or aggravate any existing derangement of function or condition. Its powers as a local alternative are, I opine, due mainly to this action.

It has been suggested that it might retard the process of digestion, when taken into the stomach with the food, by interfering with the action of the nitrogenized constituents of the digestive fluids. I have tested its influence upon the salivary and gastric fluids with respect to their peculiar action upon the food, in the manner described below.

*Experiment I.*—The fluids of the mouth were tested for sugar, and found to contain none, or only the merest trace. A piece of boiled starch, free from sugar, was held in the mouth for five minutes, filtered, and tested for sugar. A beautiful and decided reaction, showing its presence in large quantity.

*Experiment II.*—A portion of starch was intimately incorporated with an aqueous solution of carbolic acid, and held in the mouth for five minutes. Test, and result as in Exp. I.

\* Braithwaite's Retrospect, July, 1869, p. 26.  
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*Experiment III.*—A piece of starch intimately mingled with a larger quantity of carbolic acid, as much as could be comfortably borne by the mouth, was subjected to the same process with the same result as in the other two experiments.

These experiments were repeated, with the variation of holding the starch in the mouth a much shorter period, from one half minute to a minute, with exactly the same result, except that the test showed less sugar to be present in each instance.

*Experiment IV.*—An artificial gastric juice was made by macerating the stomach of a recently-killed cat, in an ounce of water, acidulated with thirty minims of hydrochloric acid. This was filtered, and a clear, slightly yellow liquid obtained. Seven test-tubes of the ordinary size were then tightly fitted with corks, and into each one was put forty minims of the "gastric juice," and a small shred of beef. The shreds of beef were all, as nearly as could be judged by the eye, of equal size. To test tubes *a* and *b* no further additions were made. To *c* was added  $\frac{1}{2}$  minim of carbolic acid dissolved in water. To *d* was added  $\frac{1}{4}$  minim of carbolic acid dissolved in water. To *e* was added  $\frac{1}{2}$  minim of carbolic acid dissolved in water. To *f* was added one small drop of carbolic acid, taken up by a glass rod. To *g* were added two such drops. The whole were then placed at a temperature of 96° ad 100° F., agitated occasionally, and the result noted at the end of six hours, as follows:—

Test tubes *a* and *b*, meat completely digested; fine, red sediment at the bottom of the tubes; liquid above somewhat whey-like.

Test tube *c*, meat completely disintegrated; a few minute muscular fibres floating about undisturbed.

Test tube *d*, meat partially digested; solid fragments still undissolved.

Test tube *e*, meat digested to a less degree than that in *d*.

Test tube *f*, meat only slightly acted upon, shred remaining entire.

Test tube *g*, same as in *f*.

After the lapse of ten hours the meat in *d* was found completely digested. In eighteen hours that in *e* was nearly digested. In the others there was no further change apparent.

From these experiments, granting that the solution used in the last was a fair equivalent for the gastric juice, and that there has been no error of observation, we may, I think, deduce the following conclusions:—

1. Carbolic acid does not prevent, and

probably does not retard, the conversion of starch into sugar by the salivary fluids.

2. When present in no greater proportion than one part in one thousand, carbolic acid does not interfere seriously with the solvent action of the gastric juice upon the nitrogenized constituents of food.

3. When present in larger proportion it interferes with this solvent action, according to its amount. The interference is decided when one part in three hundred and twenty is present; and the one hundred and twentieth part entirely prevents digestion.

From these deductions we may assume that, given in the ordinary doses of the acid, no impairment of primary digestion need be apprehended. When given in doses sufficiently large to retard digestion, the constitutional, poisonous effects will be developed, and overshadow the others. Still it is reasonable to suppose that given with the food for a long time, even in small quantities, it might have an unfavorable effect upon the economy, owing to the power which the experiments prove it to possess.

With reference to its effects upon the blood and vital processes after absorption, a grave question arises. Has it any injurious control over ultimate nutrition—over those processes of waste and repair which are constantly going on in the organism, and the due balance of which is essential to health? This question cannot be answered. It unfortunately belongs to that dark domain of ignorance and conjecture, vital chemistry. We can, however, safely assume that there is a probability of its possessing such control; and this probability, together with the conclusions arrived at from the experiments, seem to indicate, very clearly, a limit to the therapeutic usefulness of carbolic acid, when administered internally. But within this limit there is a large class of morbid conditions which, we should naturally conclude, would be favorably affected by its use. And there is not wanting abundant testimony (however valuable or valueless it may be considered) to its efficacy. I make a few references in order to show the direction in which the testimony tends.

Dr. Godfrey, of England, advises its use internally for gastric irritability, the vomiting of pregnancy, flatulence from imperfect digestion, and certain forms of diarrhoea.\*

Dr. Kempton, of Utica, N. Y., has found it of advantage in a somewhat similar class of affections, such as sluggishness of the bowels with offensive breath, dyspepsia

\* Medical Circular, Dec. 17th, 1862.

with eructations of gas, a yeasty condition of the stomach, diarrhoea from eating unripe fruit, &c. The doses in which he gave it were one or two drachms of a solution of one grain to an ounce of water, *pro re nata*. He also employed the remedy with success by inhalation for nasal catarrh with profuse, offensive discharges, and by gargle for sore throat in scarlet fever, diphtheria, and simple tonsillitis.\*

Dr. Wolfe, of Aberdeen, believes it beneficial in all stages of phthisis, particularly for arresting hæmoptysis, allaying irritation, and arresting the profuse secretion in cases of chronic bronchitis and of cavities in the lungs, of laryngeal-phthisis and of colliquative sweats.†

Mr. Blake, of Birmingham, deems it of very great use in whooping cough, given by inhalation.‡

Dr. Andrew Clark, at the London Hospital, considers it valuable in the treatment of vomiting associated with fermentation and catarrh, given in one grain doses in pill; in hæmatemesis from gastric erosions, or ulcer, one grain dissolved in water, with a little spirit every two or three hours; in atonic cases of chronic gastric catarrh, where bismuth, silver, and the acids have failed, in quarter grain doses, much diluted, upon an empty stomach, to be preceded by two or three days' employment of bicarbonate of soda, with or without hydrocyanic acid; in water brash, grain doses with opium and bismuth; in flatulence, for temporary relief, in grain doses, in pill; in chronic bronchitis, and bronchorrhoea, taken by the stomach in half grain doses dissolved in water, several times a day, and by inhalation of vapor produced by the addition of twenty drops of deliquesced acid to a pint of boiling water, or in the form of spray by the atomizer, one grain to six ounces of water; in certain forms of phthisis in which there is much secretion from bronchial tubes or cavities, and not much irritation, vapor from boiling water (spray cannot be used with safety in any case of phthisis); in oozing hæmorrhages from air passages, in diarrhoea accompanying the march of epidemic cholera, in mucous disease of the large intestine, given by inhalation.

Dr. Clark thinks the remedy of no use in cholera, and so far as his experience goes, of little value in fevers.§ It will be observed that his testimony in regard to its

efficacy in phthisis is directly in opposition to that of Dr. Wolfe, on some points.

Dr. Fuller, of London, employs it in six or eight minim doses of the deliquesced acid for dyspeptic cases of the fermentative class; in scarlatina with sloughing throat; and in the form of spray in the early and advanced stages of phthisis, in laryngeal phthisis, chronic bronchitis, gangrene of the lung, and various affections of the throat. Solution five to ten minims to ounce of water.\* He does not find that it exerts any controlling influence over typhoid and gastric (?) fevers.

Dr. Garraway places great reliance upon it in the vomiting of pregnancy. He gives drop doses three times a day.†

Dr. Keith recommends it internally for scarlet fever, smallpox and measles. The therapeutical effects which he attributes to it are profuse perspiration; rapid lowering of pulse; reduction of fever; improvement of tongue and throat; increase of appetite, all after its use for twenty-four hours. He thinks it most useful in the early stages, but given afterwards it very much modifies the symptoms and carries the patient through the different stages more rapidly than any other treatment he has seen. He noticed that in some cases the urine appeared smoky, as if fine charcoal had been used with it.‡ He prescribed the remedy in combination with acetic acid, laudanum, and chloric ether. For this reason it is difficult to know how much weight to give to his conclusions. A rigid criticism would certainly reject them altogether.

It is manifestly unreasonable to combine several articles of the *materia medica*, some of them of known potency, and some of them of unknown, and ascribe all the supposed effects to the unknown. To ascribe them to the medicine at all, may involve the fallacy of *quia post ergo propter*, but the course indicated above, too often, indeed, followed, tends to introduce a new and more alarming element of uncertainty into the conclusions. We have too much of imperfect observation and false reasoning in therapeutics. Our periodicals are filled with statements of the efficacy of this or that drug in the treatment of this or that disease, and yet, as a rule, we distrust them all, for we have learned from experience how unreliable they are. The lines of scientific criticism have not yet been drawn closely enough in this department of medical research.

\* American Journal of the Medical Sciences, July, 1868.

† Med. Times and Gazette, Nov. 25, 1865. Braithwaite, Part liii. p. 87.

‡ Med. Times and Gazette, April 11, 1868.

§ British Med. Journal, Feb. 13, 1869.

\* British Med. Journal, Feb. 20, 1869.

† British Med. Journal, March 13, 1869.

‡ London Lancet, Jan. 23, 1869. Braithwaite, Part lix. p. 26.

It will have been observed that the doses in which carbolic acid has been given by different experimenters, varies from one-eighth grain of the crystals up to eight minims of the deliquescent acid, in pill or solution, by the stomach, and from one grain to ten minims to an ounce of water for inhalation. My own dose ranges from one minim to three, three times a day, or oftener if required, by the stomach, and from one minim to five to the ounce of water for inhalation. I prefer to give it always in largely diluted aqueous solution. The taste can be to some extent masked by a little lemon juice or cinnamon water. Dr. Fuller, who uses the largest doses of any one who has written upon the subject, has noticed faintness follow occasionally the long-continued application of the spray.\* I have several times noticed dizziness and faintness following the use of three minim doses taken into the stomach, in dilute solution. I consider that three minims should be the maximum dose. We ought not to lose sight of the fact that carbolic acid, like other potent medicines, is a dangerous poison; that it has proved fatal in more than one instance when applied as a wash to the whole surface of the body in some skin diseases; and several times when taken internally.

It would be difficult to state the smallest amount that could prove fatal to an adult. I should tremble for the safety of a patient who had taken half a drachm, or even twenty minims, in however weak solution.

The following cases will illustrate my manner of employing the remedy, and show, to some extent, its beneficial effects, as well as the negative results of its administration.

CASE I.—Mrs. O., a sufferer from chronic Bright's disease, and its usual concomitants, amaurosis, cephalalgia, slight general anasarca, irritable stomach and bowels. At one time after an attack of bilious vomiting the nausea became so constant and so great, that no food, or but the smallest amount, was tolerated for days, and the patient seemed rapidly sinking from inanition. Various remedies were tried, but none had the desired effect until carbolic acid was resorted to. This, given in two drop doses, each dissolved in a drachm of water, *pro re nata*, accomplished its object perfectly. At first the above-named dose was given every hour; afterwards irregularly, in accordance with the patient's feelings. It enabled her to take nourishment, and she regained her strength in conse-

quence. Since then, during a period of nearly seven months, she has had repeated attacks of nausea, which she has always been able to control by the remedy exhibited as above. Its effect has been in every respect pleasant. A little lemon juice was added to conceal the taste.

CASE II.—Mrs. F., a young married lady, pregnant the second time. Had retroversion uteri and a diseased cervix. She was afflicted with nausea and vomiting during the early months of pregnancy. The usual list of medicines was gone through with, with only temporary relief. Carbolic acid in minim doses was at last prescribed, with complete success for a time; but the patient having conceived a great aversion to the taste and odor of the article, declared herself unable to take it, and it was discontinued. It seemed to be very efficacious when taken.

CASE III.—Miss D., a middle-aged lady, in the advanced stages of pulmonary phthisis. Has hectic fever, profuse sweats, abundant and characteristic expectoration of matter from the lungs, the usual physical signs of phthisis, emaciation, irritable stomach, and constipated bowels. Carbolic acid was given by the stomach, one and a half minim in solution, a short time before each meal, and by inhalation with the steam atomizer, three minims to the ounce of water, three times a day. This treatment seemed to improve the condition of the stomach somewhat, but the general symptoms were not in the least degree favorably modified, as I could discover, nor was the course of the disease shortened. The patient was taking stimulants and tonics at the same time.

CASE IV.—Mrs. M. Advanced phthisis; symptoms nearly as in the foregoing case. Carbolic acid was given by the stomach as above, with no beneficial effect, except an allaying of gastric irritability.

CASE V.—Mrs. R. Incipient phthisis, with bronchial irritation, a distressed stomach, and tendency to diarrhoea. Carbolic acid given per stomach, and by inhalation, with no permanent good effect.

CASE VI.—Mr. T. Mild asthma, accompanied or caused by bronchitis. Carbolic acid given by inhalation with the steam atomizer once every few days, apparently had the effect of curing the disease. Treatment continued for several weeks.

CASE VII.—Mrs. F. Obscure abdominal disease, attended with severe attacks of colic and constipation, followed often by diarrhoea, with mucous discharges from bowels, and the passage of masses looking

\* Loc. cit.



like potato skins, and undigested food. Pain intense—great distention of colon with flatus, borborygmi, disturbance of stomach and emaciation. Carbolic acid given by the stomach in three minim doses twenty minutes before each meal, and by injection in six minim doses twice a day, to be thrown as high up into the bowels as possible, with a long rectal tube. For a time all the symptoms seemed to be ameliorated by the remedy. But after a few weeks, the trouble returned with all its old violence, and in view of the uncertainty of the long continued use of the medicine, it was deemed advisable to discontinue it.

CASE VIII.—Mrs. B., a middle-aged lady, of dark complexion, and bilious temperament. Has been suffering for some months with a bad cough, which keeps her awake nights; with loss of appetite and flesh, pains in the chest, difficulty of breathing, &c. Physical examination not decisive. Diagnosis, chronic bronchitis. She was given daily inhalations of carbolic acid with the atomizer. On some days the treatment was omitted on account of the patient's inability to attend at the office. Ten inhalations were given in all, each one lasting about a half an hour. The first gave relief, and each succeeding one still more than the others, so that after taking the number mentioned she was nearly free from cough, or so little troubled that she could sleep all night, a pleasure she had not enjoyed before for a long time. It should be remarked that a mild hepatic was prescribed at first, and an iron tonic, *vinum ferri amari*.

CASE IX.—Mrs. H., an hysterical young widow with one child. Has uterine inflammation, and suffers from reflex irritation of the stomach, and the other troubles which usually attend such diseases. Heart's action irregular. Has spells of great prostration. I was summoned to see her on the 25th of April, when she was supposed to be dying. She had vomited her food uniformly for several days, and lived only on wine. Was then feeling the reaction. Pulse feeble and intermittent. Ordered wine to be discontinued, except a very small quantity, and nourishing food to be taken at the usual time of meals, or more frequently if desired, after a dose of carbolic acid one and a half minim in a drachm of water. This stopped the vomiting, and the patient gained strength accordingly. She has used it many times since with a similar result.

CASE X.—Mrs. B., a pale, anæmic, middle-aged lady, mother of a family, of consumptive tendency. Has ascites and œde-

ma of lower extremities, no enlargement of liver, no evidence of renal disease from examination of urine. She has organic cardiac disease, which with the anæmia probably causes the dropsy. Ascites very marked, interfering with respiration. Œdema of lower extremities so great as to make locomotion very difficult. Stomach very irritable. Had taken hydragogue cathartics until she could tolerate them no longer, but threw them up almost immediately. Tongue red, sore, and fissured. There was a good deal of thirst, and distress at the epigastrium. After a further trial of cathartics in a different form, they were abandoned, and digitalis was prescribed both internally and as a liniment to back and abdomen, and the legs punctured to get rid of the liquid. An immense quantity was drained off, and the patient much relieved. The stomach, however, continued very irritable, and to remedy that I gave carbolic acid in minim and a half doses, dissolved in water, a short time before each meal. The effect was immediate, and with the aid of a tonic, *vinum ferri amari*, the patient was in a short time restored to comparative health. I may be here allowed to digress far-enough from the subject, to call attention to the admirable effect of the digitalis in this case. It very notably increased the secretion of urine, which was scanty before, and steadied the action of the heart.

CASE XI.—Mr. B., father-in-law of the above—a small man, of nervous temperament, sixty-seven years of age. For three months has been failing in flesh and strength. Most prominent symptoms referred to the stomach. Distress and tenderness at the epigastrium—frequent vomiting of food, pyrosis. Has been troubled for years with a mild form of asthma; coughs now occasionally; throat and nasal passages inflamed. Has delirious spells, when his head becomes hot and face flushed. Is subject to headache. Has been under the charge of a clairvoyant physician in Boston. At the time of my first visit (Aug. 3d), he was taking three different kinds of medicines—black mixtures in large bottles. Ordered all other medicines to be discontinued, and the following to be taken:—

R. Acidi carbolici, ℥ xlviii.;

Aque cinnam..

Aque puræ, ʒʒ iiss.

M. S. Take a teaspoonful in water five minutes before each meal. Diet bland and nutritious.

Aug. 5th.—Feels better. Says the medicine seems to go to the right spot. Has

not vomited since last visit. Pyrosis continues. Complaints of throat. Ordered gargle of tannin and glycerine.

Aug. 17th.—Up and dressed. No vomiting. Stomach decidedly better. Appetite good. Gaining strength. Pyrosis less troublesome.

Aug. 18th.—Pyrosis ceased. Throat better. Bowels somewhat loose. Ordered ferri et quin. cit., grs. v., ter die. Mixture to be continued.

Aug. 22d.—Has been to Amesbury to attend funeral of sister. No return of stomach symptoms.

In this case the improvement was doubtless partly owing to his leaving off the medicines he had been taking before; yet it seems to me almost a test case in showing the value of carboic acid in similar forms of dyspepsia.

#### INTERMITTENT FEVER SUCCESSFULLY TREATED BY THE IODIDE OF POTASSIUM AFTER QUININE HAD FAILED.

By S. L. ANNOT, M.D.

MAY 18th, 1869. E. S. D., law student, aged 26. Applied for treatment for intermittent fever, from which he had been suffering since the first week in April. The patient was a native of Ohio, and had had several previous attacks. On one occasion he had been treated successfully by an eminent practitioner of this city with sulphate of quinine. At that time he had taken the drug ineffectually for some time, in considerable quantities, not understanding the proper method of employing it. He was speedily relieved by large doses taken with the proper interval of time before the period of access, under his physician's directions.

During the present sickness the chills had recurred daily, and the patient had suffered much from almost constant, deep-seated pains of a rheumatic character, mostly in the chest and arms, which were most severe in the latter part of the day and at night, sometimes seriously disturbing sleep. There was some tenderness on pressure over the spleen, but no enlargement of that organ could be felt. Appetite much impaired.

R. Potass iodid., gr. v.;

Fl. ext. quassiae, f3ss.

before each meal.

18th.—Patient reported that he commenced the use of the medicine on the 14th. On the evening of that day he had a severe chill, which lasted two hours, and was fol-

lowed by fever and profuse sweating, as usual. On the 15th he had another attack, but much less severe. There had been no recurrence since. The appetite was improving; the bowels were regular, and the patient felt much better generally. Directed to continue the use of the medicine until the 21st, when the evening dose was to be omitted.

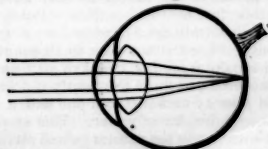
June 3d.—No chill since last report. Appetite said to be "enormous," "better than for three years." Patient says, "the medicine killed the ague in just two days." The pain in the bones ceased after the third day. It is worthy of remark that during the present attack, before applying for medical advice, the patient had taken quinine in large quantities, sometimes taking as much as twenty-four grains in a day, and in accordance with the directions previously received from the physician who formerly attended him, but without the least benefit.

I was led to prescribe iodide of potass. in this case from having employed it successfully several years since in a similar case, which had not yielded to sulphate of quinine, in which instance I was induced to employ it on account of the well-known, powerful influence which it exerts over the nervous system. In the number of the *Archives Générales de Médecine* for August of the present year, is a valuable paper on the use of iodine combined with iodide of potass: in intermittent fever, in which a number of cases of its successful employment are given.

#### CONGENITAL CATARACT IN CHILDREN SIMULATING NEAR-SIGHTEDNESS.

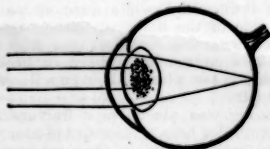
By B. JOY JEFFRIES, A.M. M.D., Ophthalmic Surgeon  
Mass. Charitable Eye and Ear Infirmary.

My experience with cataract in children leads me to call the attention of my professional brethren outside of the specialty, to one or two points that are deserving of attention. As we see in Fig. 1, all the rays



of light entering the pupil are brought to a focus on the retina. Congenital cataract is apt to affect the central portion of the crystalline lens, leaving the margin clear, through which the rays of light can pass to the retina, and there form a more or less

distinct image of the external objects. From optical reasons, the image formed by rays of light thus passing through the outer portion of the lens, is never so clear, and consequently vision never so good. In order that the rays of light may pass through the outer clear portion of the lens, the pupil must be somewhat dilated, as will be seen by the accompanying diagram, Fig. 2,



where the central rays are stopped by the cataract, and only the outer ones can pass to converge on the retina, the pupil being dilated. It will also be seen that the light may get into the eye sideways, as it were, between the edge of the pupil and the opaque portion of the lens. Therefore the little child with cataract seeks to avoid the stimulus of light in order to keep the pupils large, by turning his back to the window, contracting his brow and partly closing the eyelid, or, in other words, *imitating the appearance of a person who is near-sighted*. Moreover, in order to obtain larger pictures on his retina, or to get the light *sideways*, he holds the book close to his eyes, perfectly simulating what a near-sighted person without glasses must do. Meantime, the opacity of the crystalline lens may be of such a character, or so far back in the lens, that the pupil can to the unaided eye appear quite black, as it naturally does; and thus even the family physician may be deceived into believing the child is simply *near-sighted*; and it is consequently allowed to grow up without the ophthalmic surgeon being consulted. The latter can, of course, by means of the ophthalmoscope and *side light*, immediately detect the slightest opacity of the lens. How often do we hear, "Well, my doctor says the child is near-sighted, and thought I had better bring it and see if something couldn't be done for it. It seems dreadful slow about learning." The slightest examination with lateral illumination would have revealed the cataract.

*The earlier congenital cataracts in children are operated on, the greater the chance of restoring or retaining useful vision.* The cataract itself generally continues to change, so as to render it less easily removed from the eye, or liable to complicate an operation. Moreover, a retina deprived of its proper

stimulus of light seems not to be properly or fully developed with the rest of the eye. Consequently, even if we succeed in clearing the pupil and admitting light freely to the retina, patients will not then have the power of vision, or the appreciation of objects, which they would have had if they had been operated on earlier. This the ophthalmic surgeon too often sees, and he may even be blamed for not having accomplished what would be a miracle. The operations for cataract in children are comparatively slight, and, in these days of ether, of course not in any way to be dreaded. Again I would repeat, the earlier they are done the better. The trustees of the Royal London Ophthalmic Hospital, in a late annual report, call the special attention of the public to the necessity of bringing children for operation at an early period, instead of allowing their eyes to be damaged by delay. The average age of the last five hundred cases brought there was *seven years*. To show the necessity of my directing physicians' attention particularly to this point, I would say that the average age of the patients with congenital cataract brought during the last four years to the Massachusetts Eye Infirmary, Boston, was *twelve and a half years*.

Finally, I would again remind physicians, when they notice the little ones shunning the light, holding the book near to or sideways, and the parents complaining that they seem dull in learning their letters and lessons, to remember that *cataract*, and not simply near-sightedness, may be the cause, although their eyes may look perfectly natural without ophthalmoscopic examination.

## Hospital Reports.

### BOSTON CITY HOSPITAL.

Surgical Cases in the Service of Dr. GEORGE DERRY.  
Reported by Mr. GEO. B. STEVENS, House-Surgeon.

*Group; Tracheotomy; Recovery.*—The patient, *æt.* 11 months, before being brought to the hospital had been treated for forty-eight hours by a member of the medical staff, who sent her in with the request that tracheotomy be performed at once. When brought in the respiration was labored and sonorous, and the child appeared very feeble. No false membrane was to be seen. The operation was done under ether by Dr. Derby, at 1, P.M. On account of the very small size of the trachea some little difficulty was experienced in entering it. A very considerable amount of frothy mucus

was ejected as soon as the trachea was opened. The ordinary double tube was inserted, and the patient put in a room the atmosphere of which was made very moist by steam. Very great relief from the distressing symptoms present at the time of entrance was experienced as soon as respiration had been fairly established through the tube, and the patient was able to take the mother's breast with little difficulty. During the afternoon and evening the tube was cleared every hour, and through the night at intervals of two or three hours. Six hours after the operation the respirations again became labored, but continued so for a short time only. The child slept a considerable portion of the night; distressing dyspnoea, however, was produced whenever an attempt was made to remove the inner tube for the purpose of cleaning it.

The use of the tube was continued for five days only, during which time respiration was for the most part very comfortably performed. No false membrane appeared, but the secretion resembled, in color and consistency, melted glue; it became each day less abundant, until when the tube was removed it had nearly disappeared.

A week after the removal of the tube there was moderate discharge from the opening, while but little air passed through it. Five days later (the seventeenth after the operation), when the patient left the house, the discharge had entirely ceased, the wound had nearly closed, and no air escaped through the opening; respiration was perfectly natural.

*Colles's Fracture of both Forearms.*—The patient, *set.* 16, fell through the scuttle of a building, passing three stories in his descent, and in the basement struck first upon his extended hands and then upon his back. When brought to the hospital the "silver fork deformity" of Colles's fracture was very marked in both forearms, more so in the right. The radius of the left arm was found to be broken just above the wrist; the radius of the right was broken somewhat higher up than the same bone of the left, while the ulna was apparently bent. Forceful extension was made (the patient having been etherized previous to the examination), the deformity overcome, and both forearms put in two straight splints, anterior and posterior. The injury to the back, feared at first to be serious, proved to be only a sprain.

The splints were continued for four weeks, at the end of which time union was firm in both fractures, and with no deformity except a slight depression at the point

of fracture of the radius of the right arm. The movements of the wrist were good, and those of supination and pronation were little affected.

*Fracture of Leg and Ribs.*—The patient, *set.* 45, fell from his team, and one of the wheels passed over him. When brought to the hospital there was discovered extensive comminution of both bones of the left leg at the lower third, while a wound on the inner side of the limb very nearly communicated with the fracture; the fifth and sixth ribs on the left side were broken, probably in two places, about on a line with the nipple.

The leg was placed in a fracture-box, filled with dry bran. Adhesive plaster was applied to the left side of the chest from the spine to the sternum, to moderate the motions of that side in respiration.

The leg became very much swollen, without much pain. The pain in the left chest, however, was excessive, but a broad swathe, completely encircling both sides of the chest, in order to make the respiration nearly abdominal, gave marked relief.

After ten days of favorable progress the patient seemed to be failing, complaining particularly of left side, near the site of the broken ribs. Auscultation revealed nothing abnormal. For nearly a fortnight following he was in a critical condition, but his strength was supported with stimulants, beef-tea, &c., and he was carried safely through. Four weeks after the accident improvement began, and progressed without interruption. On account of the extensive comminution it was found impossible to keep the fragments of the broken bones of the leg in perfect apposition, and in consequence some bowing at the point of fracture resulted, but the union was firm. The fractured ribs were not firmly consolidated until the end of six weeks, and then one of them presented a somewhat prominent *apicula*; but respiration seemed perfectly normal.

*HYDATID CYST IN THE BRAIN.*—The patient a female, had suffered first from intense headache. At the end of ten months her mind became feeble; later, vomiting of a distressing character set in, then difficulty in swallowing, retention of urine, and paralysis of the sphincter ani; and for five months before death, complete paralysis of the left side, dyspnoea, and feebleness of sight—first of the right eye, then of the left. After death, a large hydatid cyst was found, occupying the whole of the anterior lobe of the brain.—*Dub. Med. Press & Cir.*

## Reports of Medical Societies.

ANNUAL MEETING OF THE HEIDELBERG OPHTHALMOLOGICAL SOCIETY. REPORTED BY RICH. H. DERBY, M.D., ASSISTANT AT THE KLINIK OF PROF. A. VON GRAEFE IN BERLIN.

1st day, Sept. 4th.—Professor Arlt presented a telegram to be sent to Professor von Graefe, in Haiden, expressing the deep-felt regret of the members that the founder of the society should this year be absent. The chair was then taken by Professor Zehender.

Drs. Höring and Meyer read cases of luxation of the lens. The case of the first was of interest therapeutically. The lens being dislocated into the anterior chamber, the patient was ordered to remain quietly on his back for several days, until the lens resumed its old position. Calabar bean was then used to prevent a fresh dislocation.

Dr. Liebreich described the action of chloral hydrat, and showed some rabbits in different stages of hypnosis after the administration of this drug. Chloral hydrat consists of  $\frac{1}{2}$  chloroform and  $\frac{1}{2}$  formic acid. Its formula is  $C_2 H Cl_3 + C_2 H_2 O_4$ . In from five to ten minutes after a moderate dose the eye-lids of the patient begin to droop, and a quiet sleep follows, from which he can easily be aroused to answer a question, but into which he soon sinks back again. This sleep lasts often twenty-four hours. The dose is

R. Hydrat chlor. grm. 2.04.

Aq. dist.,

Syr. cort. aur., aa 15.0. M.

Dr. Berlin read on the disturbing influence of strong convex glasses on excentric vision.

Dr. von Hippel read on intraocular pressure. He explained the influence of the sympathetic nerve on intraocular pressure as a control of the circulation through action of the recti muscles. After iridectomy on a healthy normal eye he has found constantly a diminution of pressure. After division of the trigeminus, he found the bulb of the same side hard, pupil narrow, gradually more dilated, but not ad maximum. All estimates of the degree of the intraocular pressure must be made with a manometer, for the results of palpation are very insufficient. He proposed now, in order to study the action of the iridectomy on intraocular pressure, to do it on animals, kill them several months after the operation, inject the vessels from the interior of the skull,

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and then examine microscopically for an obliteration of vessels.

Dr. Adamuk followed on the same subject. Dr. Wecker said that, in the iridectomy for glaucoma, the incision was of as much importance as the piece of iris excised. The incision must meet the sclero-corneal line. A certain degree of cystoid cicatrization follows all iridectomies for glaucoma. The action upon the intraocular pressure is to be referred principally to the incision.

Professor Arlt stated that the whole iris might be removed and yet the intraocular pressure be unchanged. But when affected by an iridectomy it was by a broad excision of iris, reaching up to the ciliary edges. Unless this were borne in mind the operation would be useless.

Professor Becker was led to anticipate a favorable result in glaucoma when the wound quickly healed, and the anterior chamber was readily restored. His prognosis was unfavorable when the anterior chamber remained long obliterated and the wound closed by a cystoid cicatrization.

Dr. Iwanoff had examined a great many cases of glaucomatous eyes microscopically, after an iridectomy had been performed. The membranes of Bowman and of Descemet grow into the wound, and there is an occasional fistula in its centre. On this anatomical observation Dr. Wecker based his theory that the wound was, after all, the principal factor in the relief of glaucoma, by reduction of the intraocular pressure. Especially too as the aqueous humor is secreted from the periphery of the anterior chamber, and a wound at this point might be regarded as a "drainage wound."

Dr. Berlin had had five cases of glaucoma, where, immediately after the operation, the acuteness of vision became very much reduced, and in one of these cases he found atrophy of the optic disc. Dr. Liebreich believed that in such cases the whiteness of the papilla was not to be regarded as an atrophy, but rather as a change dependent on the altered condition of circulation.

Professor Schirmer read a paper on accommodation by elevation and sinking of the visual line. According to him hypermetropes hold what they read lower than other people; while myopes hold their book so as not to direct the visual line very deep down.

Dr. Nagel spoke very favorably of the use of a collyrium of aniline, in chronic conjunctival affections and suppurative affections of the cornea, especially suppuration after extraction.



Professor Förster showed an apparatus for measuring the field of vision, and made some observations on the faultiness of the present system, his main objection to it being the fact that the eye cannot be at the same time accommodated to the point of fixation and to an object on the confines of the field.

2d day, Sept. 5th.—Dr. Wecker showed a simple fixed ophthalmoscope by means of which two persons could examine a patient at the same time, the image being caught on a transparent sheet of glass.

Dr. Leber spoke on disturbances in the perception of color. He had examined a large number of amblyopic cases, both with the spectrum and colored paper. The degree of amblyopia does not correspond to the disturbance in the perception of color, which in choroiditis and retinitis is unimpaired. Red color-blindness is the most common. In two cases a disturbance in the perception of color preceded the amblyopia and the changes visible in the optic disc. There is a certain class of cases where the ordinary methods employed do not determine a central scotoma, but where, nevertheless, the perception of color is very much impaired over the central portion of the retina. In nearly all cases the central scotoma included Mariotte's blind spot. In many of the cases of central scotoma there were opacities of the substance of the retina along the course of its vessels. Among the causes of the scotoma are the abuse of alcohol and tobacco. It occurs very often among engine drivers, especially among people employed very much in the open air, and exposed to great changes of weather. In one case it was hereditary.

Dr. Liebreich drew attention to the fact that in the distribution of the optic nerve fibres, those that started from the upper and lower outer quadrants of the disc terminated on a horizontal line; and that others pass directly horizontally from the disc to the macula lutea.

Dr. Iwanoff read on the pathology of lymphatic or phlyctenular conjunctivitis. He mentioned the fact that the corneal nerves are surrounded by an interspace. This space he found here filled with cells. Beneath the epithelium were cells, but the epithelium itself was unchanged. Beneath Bowman's membrane were cells. Some of his preparations showed the epithelium lifted up by the collection of cells beneath it.

Dr. Reusz presented a paper on astigmatism after the operation for extraction of cataract. The astigmatism was determined with the ophthalmometer, and the measure-

ments of the curvature of the cornea made before, as well as after, the extraction. The curvature in the horizontal meridian was greater after the operation, than in the vertical less. The degree of the astigmatism depends on the period after the extraction at which the examination is made. The degree of the astigmatism is also dependent on the method of operation. After the old flap extraction the astigmatism was always greater. Dr. Javal reported results very similar, and believed that an examination, made six months after the extraction, would give a constant result. He also read a paper on binocular vision.

Dr. Strawbridge reported some measurements of the lens, and Dr. Mauthner read on the determination of the acuteness of vision.

A long telegram was received from Professor von Graefe, advising, instead of an iridectomy, an iridotomy in cases of closure of the pupil after the irido-cyclitic process following extraction.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,  
DAVID F. LINCOLN, M.D.

JUNE 12th, 1869.—The Society met at the house of Dr. Homans, at 7½ P.M., the President, Dr. Buckingham, in the chair.

Dr. COTTING reported a case.

A woman, aged 30 years, a fortnight before her first labor was expected, was surprised by repeated discharges of bloody water, of large amount, accompanied with peculiar "squeezing" sensations in region of pelvis. The next day slight pains came on, but the os was not dilated. On the third day, however, labor progressed, the os being very rigid and dilating very slowly. The child's head came down into the pelvis, presenting the vertex nearly, with the face to right ramus. The head had passed about two-thirds through the os, but seemed tightly held by it, locked, as it were, by the rim of the os, when the patient appeared exhausted and the pains ceased. Forceps were resorted to, but great difficulty was experienced in passing the blades over the convexity of the head and into the os, so firmly did it enclose the head, making as it were a groove into it. As the head passed the external organs, a little loop of the cord was found to be passing with it, completely compressed. The head being born, the same difficulty occurred in disengaging the shoulders, which were locked similarly to the head. The cord was also around the neck of the child; and although

every effort possible was made the child was lost. He had never met with a case having such and so many peculiarities and complications. Child measured 20 inches in length; head 13 inches in circumference; shoulders 15 inches; weight, naked, 7½ pounds.

Dr. SINCLAIR spoke of the suddenness with which the head—in faces to pubes position—sometimes starts during traction by the forceps. This, he said, was often not anticipated, and nearly always caused rupture of the perinæum.

Dr. SINCLAIR spoke of a case of a kind not alluded to in systematic works, although not of very infrequent occurrence, it would appear, as several instances of the kind had been reported to the Society by himself and others within a few years. The woman was delivered at 8 P.M. Five hours afterwards she was alarmed by a sudden discharge from the vagina of a warm fluid (estimated at about one quart), which on examination was found to be only a watery substance slightly tinged with blood. There was no recurrence.

Dr. CORRING spoke of a similar case, which he had reported to this Society, where, some hours after delivery, his attention was called to what seemed a second membrane, containing a large quantity of water. This he attempted to remove whole, but was unable to do it.

Dr. WELLINGTON mentioned a similar instance, where the bed was drenched by the discharge, twelve hours after delivery.

Dr. BUCKINGHAM mentioned three cases of what might be called Doubtful Pregnancy.

1. He was engaged to attend on the 31st of March, that date being forty weeks from the last menstruation. It is now seventy-three days, and the woman is not yet delivered. Four weeks ago she had a slight discharge per vaginam, lasting less than one day. (Was delivered June 17th, seventy-eight days after the expected time.)

2. Fourth pregnancy. March 1st, said she was eight weeks pregnant; underwent a miscarriage at that time—as she supposed—but although everything discharged was examined, no ovum was found. Eight weeks then again passed, without any hæmorrhage; then a slight return, lasting twenty-four hours. Hæmorrhage again in four weeks; again in three weeks. The abdomen increases in size; there is no foetal sound; vaginal examination not allowed.

3. Forty-three years old. Eight children. Dec. 3, flowed five or six days; not since. Supposed herself pregnant. A week ago, was sure she felt motion (June 5th). Two

or three days after was frightened; since when, the areola has faded out, and the milk, which could formerly be milked out, is gone. Vaginal examination:—Enlargement of uterus—os not permeable to finger—cervix three-fourths inch in aperture—ballottement shows the presence of a floating body in the uterus—there is bearing-down pain—the menses are twenty-six weeks absent—the foetal cardiac sounds are not heard.

*Conjectural Dropsy of the Amnios.*—Reported by Dr. REYNOLDS.—M. R. is twenty-three years old. She has been married three years. Till last October menstruation had been regular and uninterrupted. She had been ill with ascites and oedema of the legs. For the ascites she was twice tapped. The second time, twelve months since, six quarts of fluid were removed. From that time she convalesced and thought herself well; menstruating regularly till the period which closed on the 20th of October, 1863. She had morning sickness in the months following. She has never quickened. To-day, June 11th—by percussion uterine dullness and intestinal resonance, especially in right lumbar region, are well marked. Fundus is a little higher than half way from umbilicus to ensiform cartilage. The uterine walls externally and when reached through the vagina are everywhere exquisitely sensitive. There is a nipple-like prominence, representing the cervix, central in the vagina, flaccid, soft, easily admitting the first joint of the forefinger. The os internum is closed, no part of a child to be felt. Externally small parts felt in right half of uterus, dorsal region in left. Foetal heart feebly but distinctly heard in left iliac region, also at other points in right half. Placental souffle, so called, heard with Cammann in repeated examinations in left iliac region persistently, nowhere else—nipple dark, well-developed—areolæ dark, with follicles turgescent, half an inch only in breadth—mammaræ fall; veins not marked.

There is slight oedema of legs, of which patient makes much complaint. The urine examined is normal.

From which symptoms the following conjectural diagnosis is offered:—

The enlargement is intra-uterine.

There is very little doubt that the development of the uterus is the result of impregnation.

The enlargement apparently that of a little more than eight months, may correspond in reality with gestation of seven and a half months, as supposed by the patient.

Dropsy of the amnios, a not improbable occurrence, considering the history of the woman, offers the most plausible explanation of the absence of perception of fetal movements, the extreme tenderness of the uterine walls, and the perhaps exaggerated size of the uterus.

Dr. AYER spoke of a case of atresia papillae in a new-born child, and alluded to the fashion prevailing among nurses in the old times, and especially in the country, of milking a few drops of fluid from the nipples of female infants. It was (by them) considered very important for the welfare of the future woman.

Dr. HOMANS finds that certain nurses will squeeze or "draw" the infant's breast, unless they are forbidden, "to prevent sore nipples."

Dr. Cotting confirmed this remark from his own experience.

*Pelvic Cellulitis; the Abscess discharged per Rectum.*—Dr. ABBOT reported the case.

Mrs. R., aged 25, was admitted to the Massachusetts General Hospital May 18th, 1869. Has one child, 7 years old; since its birth has not been pregnant. Four years since, patient reports first noticed the tumor for which she entered the Hospital. This has not given her much trouble, however, until a few months since. During the past four months she has been flowing without intermission, four or five days previous to entrance the hæmorrhage commencing immediately after sexual intercourse, in which she thinks she sustained some injury. Now complains of constant pain in right hip and iliac region, so severe as to compel her to keep to her bed. Bowels constipated.

On the 20th, patient reported that she had passed no urine since entering Hospital, and a pint of water was drawn with a catheter.

Physical examination.—Abdomen quite tender over the right iliac region, where a uniform hardness is felt, extending from the pubes a little to the right of the median line, obliquely upwards and outwards to a point an inch above the level of the anterior, superior spinous process of the right ilium. On examination *per vaginam*, the os uteri was found quite low, being just behind the os pubis; it was open enough to admit the tip of the forefinger, but was otherwise normal. About two inches above it, on the posterior surface, an abrupt protuberance was felt, quite firm and very sensitive to the touch, extending backwards to the sacrum, and quite broad from side to side; the anterior wall of the uterus was

also quite full, firm and tender. There was considerable leucorrhœal discharge.

The patient suffered much severe and constant pain, requiring the use of opiates and various anodyne local applications. The urine was drawn daily by catheter.

On the 22d, examination of the urine showed it to be of specific gravity 1015. Acid. Albumen in slight quantity. Pus corpuscles in considerable number. The albumen was probably from the pus, and that probably came from the vaginal discharge.

On the 23d, castor oil was ordered, to relieve constipation. This produced several fecal evacuations, followed by a discharge of what was described by the nurse as looking like "blood and matter." Careful examination over the seat of the former tumor failed to discover any trace of it. The right iliac fossa was uniformly resonant on percussion, and was much less sensitive than before. The urine could be passed voluntarily.

Vaginal examination.—The uterus has risen at least an inch from the position it occupied during the previous examination. Tenderness of body less, but still considerable; fullness of posterior portion less; os as before.

From this time the patient steadily improved, was able to sit up and walk about the ward, and on the 10th of June she was discharged, nearly well. No discharge of matter by the bowel was observed after that of May 23d. Nothing abnormal in the urine, except a few crystals of oxalate of lime.

A question of diagnosis may be raised, whether the tumor in this case may not have been fecal. It did not, however, present the usual characters of such a tumor, being of a uniform hardness, not oval or rounded in shape, and completely filling the right iliac fossa. It was evidently connected with great engorgement of the uterus, which it pressed downwards and forwards, so as to materially interfere with the functions of the bowels and bladder.

The Society adjourned until the 9th of October.

ALTHOUGH dentists have long since discarded the use of electricity for lessening pain in extracting teeth, Dr. Pallas, of Bordeaux, has been attempting to bring it again into notice, believing that its failure has been caused by the irregular distribution of the electricity. He has invented an instrument which he considers will obviate this difficulty.—*Dublin Med. Press & Circular.*

## Bibliographical Notices.

*Rules for the Course to be followed by the Bystanders in case of Railroad Injury, when Surgical Assistance cannot be at once obtained.* Prepared by JOHN H. PACKARD, M.D. Philadelphia, Pa. Sheet form.

They are issued (as stated in the accompanying circular) "not to place them before the public so as to suggest the idea of accident, but to put them in the private offices, freight depots, and express cars and shops of the railway companies, in order that the employees may not only become familiar with them, but may have them at hand in case of the occurrence of accident and personal injury." Another paper is headed "Injury by Machinery," and is intended for similar use in factories, machine shops, and other places where machinery is used. That these publications may be the means of saving life and of preventing unnecessary suffering cannot be denied. It only remains to express the hope that they will receive, as they deserve, the commendation and support of every man connected with railway companies or other places where they will apply. H. H. A. B.

## Medical and Surgical Journal.

BOSTON: THURSDAY, OCTOBER 7, 1869.

### NOTES FROM FRENCH JOURNALS.

*Syphilis from Vaccination.*—This question has been discussed at the *Académie de Médecine*. A writer in the *Gazette Hebdomadaire* says it was started the day when it was demonstrated that syphilis was inoculable through the blood. This fact being admitted; granted also the immense liability that either through difficulty in operating, or through negligence on the part of the operator, or through too complete draining of the pustules, the virus contains blood; these things being considered, we are much less inclined to sift the facts hitherto alleged relative to vaccinal syphilis, than to acknowledge the occurrence of it *à priori*, by a sort of logical necessity. From this point of view, the only one

of practical interest, the question if the pure virus unmingled with blood may contract the syphilitic venom, presents itself only as a sort of curiosity. That point remains doubtful, even with some of those who have with the most zeal and authority sounded the alarm as to the transmission of syphilis by vaccine matter. The true question is not here, and all the experiments cited by M. Guérin in which vaccine matter collected from syphilitic patients has given rise only to legitimate pustules, add nothing to what has been said and done by M. Viennois, the most declared partizan and one of the instigators of the theory of vaccinal syphilis.

*Importance of Traumatic Lesions of the Uterine Neck.*—We translate the opening paragraphs of an article on this subject by Dr. O. Saint-Vel, in the *Gazette Hebdomadaire*. In proportion, he says, as gynecological experience increases in the hands of the practitioner, it leads, not to diminished confidence in the efficacy of surgical interference, but to increased prudence and reserve in its application, stamped with a certain amount of hesitation in the employment of it. The uterus, indeed, is not an organ which supports indifferently, and in equal measure, the various traumatic lesions. He uses the term *uterus* in default of information as to whether the susceptibility of the body is different from that of the neck—the part necessarily involved in every exploration of, or operation upon, the uterine cavity. The susceptibility of the neck, *nil* in a great number of cases, is extreme in others, and furthermore varies according to the nature of the traumatic agents. Nothing in the anatomical or physiological disposition of the organ, nothing in the general condition of the patients, and even in the morbid influences surrounding them, accounts for these differences, singular as differences of election, and so grave sometimes in view of the consequences. The cervix bears cauterization, whether made with acid or with a salt like nitrate of silver, or chloride of zinc, or better still with the hot iron. It does not bear mechanical action so well, whether it be that of traction with hooks, subjecting the ligaments which follow the uterus in its

movements to stretching and sudden *dilation* [relaxation?], or that of dilatation by sponge tents or other foreign bodies. But of all traumatic injury the worst borne is that produced by a cutting instrument. The reaction is out of all proportion to the lesion. The gravest complications on the side of the uterus and its appendages, or on that of the ovary and the peritoneum, are liable to follow slight traumatic agency. Death may be the consequence of the excision of a hypertrophied labium, or even of incision of the cervix.

These propositions M. St.-V. proceeds to justify by citing three cases from the practice of M. Demarquay. Fortunate, he says, as is his ordinary experience, M. D. has seen in a few rare instances, when a slight operation upon the cervix was necessary, and was done with all the care that could be desired, grave symptoms set in which were not at all in accordance with the impunity apparently proclaimed by the daring of American uterine surgery.

*The Ophthalmoscope in the Diagnosis of Diseases of the Spinal Marrow.*\*—We read also in the *Gazette Hebdomadaire* that M. Bouchut presented to the *Société de Biologie* a treatise intended as a complement to a previous paper relative to this means of diagnosis as applied to diseases of the encephalon.

The relation between diseases of the spinal marrow and certain disturbances of vision, we are reminded, has been established by a great number of observers, and the facts do not date from to-day. M. Bouchut mentions cases of paralysis, sclerosis, paralysis agitans, locomotor ataxy, in which disturbances of vision were observed; cases resting on the authority of Hutin, Cruveilhier, Jacoby, Romberg, Landry, Duchenne, Türk, Charcot and Vulpian, Beaunnetz, and many more writers, the enumeration of whose names would add nothing to the validity of the facts. But M. Bouchut does not stop here. With him, it is not merely the matter of the co-existence of certain functional disorders of vision with chronic diseases of the spinal marrow: he has also observed that these

troubles exist in acute maladies of the spinal axis; and what is of special importance, it is the opinion of the author, that the exploration of the interior of the eye may enable us to detect diseases of the spinal cord. In the cases which M. Bouchut reports, he says that at the commencement of the malady, while its existence was yet doubtful, he has been able to affirm its presence, through the results furnished by the examination of the interior of the eye. There was in these cases a commencement of optic neuritis and of retino-choroiditis, which announced the rachidian lesion; and according to his researches, these ocular affections should be considered as the point of departure of the amaurosis with optic atrophy which develops ulteriorly. This mode of commencement had seemed to him interesting, and completes, he says, the anatomical investigation of the spinal amauroses due to a reflex neuritis of the optic nerve. The lesions claimed by M. Bouchut to be demonstrable are hyperæmia of the papilla, total or partial; sero-sanguineous effusion into the retina at the outset, and papillary atrophy toward the close of diseases of the spinal marrow. The author thinks it will some time be possible to connect disturbances of vision with certain particular regions of the spinal cord; as for instance, to establish a different influence for the anterior columns, from that of the posterior. He also invokes the data of Cl. Bernard, Budge, and Waller, to show that the lesions of the optic nerve produced by rachidian diseases are the result of ascending reflex action, and are brought about by the intervention of the great sympathetic.

Therefore, according to M. Bouchut, the presence of hyperæmia of the optic nerve, a reddish color, with suffusion (*diffusion*) of the papilla, and partial or total atrophy of this part, coinciding with feebleness and numbness of the lower limbs, indicate the existence of an acute or chronic disease of the spinal cord.

In the same journal is an account of *An Instrument for the Discovery of Metallic Bodies in the Tissues by means of Electricity*. The instrument was invented by M. Favre. The principle of it is of the simplest. Metals

\* In a former number we gave an extract from the *Dublin Medical Press and Circular* in which the conclusions of Bouchut on this head were briefly summed up.



being conductors of electricity, if two probes are inserted into the tissues of the body without allowing the rods to come in contact with each other, the two probes being in communication with the poles of a battery, then, at the moment when the probes touch a ball or a fragment of a shell, the circuit will be completed, and the establishment of the current may be shown by the galvanometer. But, a strong charge will establish the current through the fluids contained in the flesh, while a weak charge would produce too feeble an oscillation of the galvanometer to be conclusive proof of the presence of a foreign body. M. Favre has, therefore, brought into requisition the index of the inductive apparatus, which has been shown by Cl. Bernard to be incapable of acting through the agency of fluids alone, even though the charge be strong enough to decompose water. With this apparatus, the interposition of a metallic body is necessary for the passage of the current.

ANTISEPTIC TREATMENT OF WOUNDS. Letter from Dr. J. C. WARREN. *Mr. Editor*.—Having recently had the privilege of visiting the wards of Prof. Lister, at Glasgow, it may prove of some interest to the readers of the MEDICAL JOURNAL to learn the latest modifications he has made in the antiseptic treatment of wounds.

This subject still continues to excite considerable interest in most English cities, and has been taken up and employed successfully in some of the continental schools. Although this system has been condemned by many distinguished surgeons, it has not been by any means universally so, and still claims several enthusiastic supporters in Great Britain.

It may be as well to touch upon his germ theory of putrefaction and the process of healing by scabbing, although the subject has been very clearly and elaborately exposed by him in a series of articles which have appeared during the last eighteen months in the *Lancet* and *British Medical Journal*. The germ theory may be briefly stated thus:—suppuration in wounds is caused by an irritation produced by the presence of germs or organisms which find their way into a wound, and there multiply and cause putrefaction.

Putrefaction, then, is the exciting cause of suppuration in a wound: can this be

prevented, the largest wound may heal without any secretion of pus. This process of healing, such as may take place in a large lacerated wound of the leg accompanying compound fracture, is not considered by him to be healing by "first intention," nor indeed "by granulation." It is rather an intermediate process. Given a wound sufficiently large and accompanied with sufficient loss of substance to be incapable of healing by first intention—the extravasated blood and serum cover the surface of the exposed parts and form a clot which serves the purpose of a protecting scab. Provided now that no living germ is introduced beneath or penetrates this covering, the cell formation takes place quietly in the parts below, while the clot itself becomes organized in the same manner as a thrombus in an artery. The clot or scab establishes in this way a vascular connection with the parts beneath. Meanwhile, cicatrization continues, and as the edges of the wound approximate each other the scab is compressed on all sides, and finally atrophies and comes away. If it is cut into, however, before union is complete, it will bleed. When a wound heals in this manner, no pus whatever is found upon the dressings. They may be stained by the escape of a small amount of serum and what is called a mucous discharge. This fluid, examined carefully under the microscope, is found to contain no pus corpuscles whatever.

The antiseptic treatment of wounds has undergone a variety of modifications since Mr. Lister first began his experiments, some two years ago. Most of these have been described at length in the English Journals, and will hardly need repetition here, especially as his present method differs from them in several essential particulars.

The dressings are now changed daily, and the tin plate and the paste have been discarded, and a very thin piece of oil silk and a lac plaster\* are used in their place. After an operation the wound is washed with a solution of carbolic acid, one part to twenty of water, and the edges are brought together by antiseptic sutures. The nozzle of a syringe is then introduced into one end of the wound, which is freely syringed out with the same solution. A strip of very thin oil silk, rendered antiseptic by

\* The receipt as given us by the New Apothecaries' Company at Glasgow, is the following:—

Take of Shellac 3 parts,  
Carbolic acid 1 part.

Dissolve with gentle heat, and spread with machine; when spread, coat with a solution of gutta percha, 1 + 16 of bisulphate carbon.

being dipped into the acid solution, is then placed upon the wound of a size just sufficient to cover it. The object of this is to protect the wound from the carbolic acid contained in the dressing next to come. This consists of the lac plaster. Before application the plaster is stripped off from its cambric, by moistening the cloth in water. This is done in order that the plaster may more easily adapt itself to the parts about the wound. The gutta-percha layer must also be rubbed off. The size of the plaster thus applied is sufficient to overlap the wound an inch or two in all directions. Above this is applied another much larger piece of the plaster, with its cambric on, and the whole is secured by a bandage.

The object which he tries to accomplish is to *blockade* the wound in all directions by dressings exhaling carbolic-acid vapor, while the wound itself is not touched by the acid at all. The small amount of the acid left in the wound soon ceases to exert any irritating influence, and the wound is exposed only to the vapor of the acid which penetrates the oil-silk covering. Mr. Lister has found by experiment that the vapor of the acid which passes through a piece of oil-silk is sufficient to disinfect any animal matter which may be on the other side. Any secretions which exude from the wound and become exposed to the air are thus thoroughly disinfected before they have a chance to regurgitate. The same fate awaits any germ which tries to find its way in with them.

If there is any discharge from the wound the dressings should be changed daily. The upper dressing being removed, the lower layer of plaster, which adheres closely to the skin, is carefully peeled off from one end and with it the oil silk. As the wound is exposed it is syringed with the 1-40 solution, and this is continued until the new dressing is applied.

Plaster dressings cannot be applied in all cases, for instance on wounds about the genital organs. In such cases a piece of lint soaked in a solution of one part to five of oil is used, but this must be changed frequently.

We should not omit to add that the parts to be operated upon should be well washed with a weak solution of the acid, and if there are any folds of skin or parts covered with hair in the neighborhood, these should be rubbed hard with the 1-5 oily solution, to destroy any organisms that may be lurking about.

A word here about the antiseptic ligature and suture. A detailed account of the

ligature of arteries on the antiseptic system has been given by Mr. Lister in an article in the *Lancet* of April 3, 1869, and he still continues to employ ligatures prepared in this way. This, in brief, consists in the employment of fine catgut ligatures steeped in an oily solution of the acid of the strength of one part to five, with a small quantity of water diffused through it. It has been found by experiment, that such a ligature not only does not exert any irritating influence on the parts about, but eventually becomes organized and intimately connected with the outer coat of the artery and the surrounding tissue. At present torsion is used almost universally in England for all the smaller arteries, and the writer had the opportunity of witnessing an amputation of the breast by Mr. Lister, where not a single ligature was used.

Up to the present time he has contented himself with employing silk for sutures—with one exception, however. This was an operation for the removal of a small tumor on the forehead, where catgut sutures were used. The wound was dressed antiseptically, and the patient left for the country and was not seen for several days. On his return, the dressings were removed, and the wound was found to have healed without suppuration. The sutures remained, to all appearance, unchanged; but on seizing one of them with the forceps in order to cut them with the scissors, the external portion came away easily, leaving *no trace behind* of the part which had been buried in the edges of the wound. The same was the case with all the other sutures. He is of the opinion that in this case the deep portion of the suture had either become organized or was absorbed. He purposes to experiment further in this direction to see if this result is constant.

The antiseptic dressing has been found to be most successful in the treatment of abscesses, compound fractures, excisions of the breast, and in those wounds to which the dressing can be easily and accurately applied. He has not had uniform success in the treatment of amputations, though he has found them on the whole to do much better than when dressed according to old rules. During the last two years that he has employed this system he has had but one case of erysipelas and two of pyæmia. This in wards, which contain on an average some sixty patients, and in an infirmary which has for its site an old cholera burying ground, is certainly something to boast of.

The writer has had the opportunity of

conversing at length with Mr. Lister on this system, and also with many prominent English surgeons, and can truly say that nowhere has he seen the details so carefully attended to as in Mr. Lister's wards. Most surgeons, in England at least, have contented themselves with following his directions in a general way, frequently omitting some important particular. For instance, one writer states that he took great pains to wash out his sponges in water both before and during the operation! The very thing he should have taken care not to do, unless the water had been previously rendered antiseptic.

Whatever the merits of the antiseptic system may be, it is very evident that a proper appreciation of them can never be arrived at without that scrupulous attention to detail which has so frequently been insisted upon by its originator. Very truly yours,  
J. C. WARREN, M.D.

**PRIMARY DRESSING AFTER AMPUTATIONS.** REPLY TO DR. SQUIRE.—*Mr. Editor*.—The only comment which it seems necessary to make upon the report of cases of pyæmia, after amputation of the thigh, occurring in my service at the City Hospital in April and May, and in which the treatment is considered injudicious by your correspondent of last week, is this:—Instead of *tight* bandage, read *firm* or *snug* bandage. The report was not seen by me until it appeared in print.

I cannot believe that pyæmia would have been avoided in these cases even if the flaps had been made "with a scalpel" and secured by "silver pins" instead of silk sutures. Pyæmia and erysipelas appeared at the City Hospital in April last, and disappeared in June. Of its causes I cannot speak with confidence; it was not unknown outside the hospital in those months. It ceased to vex both my colleague and myself when the season arrived which permitted free ventilation of the wards by open windows.

Truly yours,

GEORGE DERBY, M.D.

**ADVERTISEMENTS OF SPECIALISTS.**—*Mr. Editor*.—I notice, in the last number of the JOURNAL, Dr. Jeffries's refutation of the following statement in the *Richmond and Louisville Medical Journal*:

"Sichel, Donders, von Graëffe, &c. placard the streets with their advertisements—"

To this Dr. Jeffries very properly opposes

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a general denial. A more specific refutation seems to me, however, desirable.

In the course of a two years' residence in Berlin, Utrecht and Paris, and of daily attendance on the cliniques of von Graëffe, Donders and Sichel, I saw no sign and heard no mention of either advertisements or placards. Not one of these three teachers had even his name affixed to the door of the building in which his clinique was held.

Neither local authority or custom permit any procedures, in the way of professional advertising, on the continent of Europe, that would not be tolerated here. Rules in respect to this are even more stringent and their infraction visited with much greater severity.

Yours very truly,

H. DERBY.

Boston, Sept. 30, 1869.

**STATE BOARD OF HEALTH.**—The gentlemen commissioned by the Governor and Council to constitute the "State Board of Health," consisting of Henry I. Bowditch, Warren Sawyer and George Derby of Boston, Richard Frothingham of Charlestown, Robert T. Davis of Fall River, P. Emory Aldrich of Worcester, and William C. Chapin of Lawrence, met for organization at the State House, in Boston, September 15, 1869. On this occasion remarks were made by Dr. Bowditch, from which, as published in the *Boston Daily Advertiser*, we make the following extract:

"The establishment of our Board by the last General Court inaugurates this system of State medicine in Massachusetts. I think that this is the first State Board of Health established by any American State; at least, with objects as extensive as those now given to our charge.

"The law under which we act, while not specifying so much as the English law of '48, gives us the amplest powers for investigation and funds at our disposal for any legitimate purpose.

"Let us look for a moment at some of the general objects and duties involved in the act establishing our board.

"*First.* It directs the board to take cognizance of everything tending to public health, and of course requires us to endeavor to eradicate everything tending to public disease and death.

"*Second.* It directs us to diffuse among the people a knowledge of the means of obtaining individual and public health and of preventing disease.

"*Third.* We are ordered to investigate the effects of the use of intoxicating liquors

upon the industry, prosperity, happiness, health and lives of the people, and it is intimated that we suggest legislation on any or all of the subjects committed to us for investigation.

"Now in order that the workings of the board may become harmonious and of real service, it is a self-evident proposition that exact methods of procedure must be followed in all cases, and that certain by-laws for the legal governance of the board will be necessary, and which shall not be varied from except under special direction at a full meeting of the board.

"Dr. Bowditch then proceeded to suggest certain plans for the organization of the board, and continued as follows:—

"The law requires us to diffuse among our people any already established laws of public health, and also whatever we may hereafter discover on that subject. I look upon this feature of the law with deep interest, for I believe by it we may do much service to the people.

"How shall we diffuse this knowledge? Permit me to allude to a few evident methods:—

"A. By lectures from our secretary or from members of the board on various special subjects connected with public hygiene—such as ventilating and building and location of houses; on various well-known diseases capable of partial or entire prevention on knowledge of causes being given. It may be a question, moreover, whether we should not authorize the secretary to communicate with lecture committees of the various towns, and the American Literary Bureaus, and to make arrangements with physicians and others to deliver lectures relating to public health in various towns.

"B. By the secretary holding meetings in the various parts of the State for discussions on the subject; meetings analogous to those now held on education, agriculture, &c. He might invite the coöperation of local medical societies or special physicians. I have no doubt that such meetings, properly conducted, would attract the attention and interest of the public.

"C. By the publication in a compact form and the wide circulation of the pith, so to speak, of our general knowledge on public hygiene. How this should be done would remain an open question. If it could be done, there is no doubt of the good that would eventually result.

"D. By our annual reports to the legislature, which, I trust, will always be models of brevity and of compact learning—not a

word too much or a word for effect merely—and so thoroughly indexed that even the busiest man on 'change can in three minutes get at the essentials, and be prepared to study the details of any part or parts he may wish further to examine.

"In conclusion, gentlemen, let me say that, while I feel alike our grave responsibilities and the dignity conferred on each one of us by his Excellency the Governor in his selection of us for these offices, I have at the same time no misgivings; but, on the contrary, the liveliest hope that this Board will faithfully and in an able manner perform its duties, and that thus it will become a real blessing to our State, not only at the present time, but long after every member of it has died. It will assuredly be such if we, the necessary originators of its various details, only look at our duties in the light of the broadest philanthropy, and, as far as in us lies, the wisest statesmanship, and finally with all the knowledge that modern science can at present give us.

"In making these introductory remarks, I have done only what seemed to be proper: but I hope that others will speak what seems to them good, so that starting on our new career with understanding minds and buoyant and willing hearts, we may vigorously inaugurate State medicine in Massachusetts."

At a subsequent meeting held September 22d, the "State Board of Health" was organized by the appointment of Henry I. Bowditch as chairman, and George Derby as secretary and executive officer.

"State medicine" is now initiated in Massachusetts. The subject is one which has attracted the attention and labors of prominent men abroad for a considerable time; and occupies constantly a large portion of the pages of the best Medical Journals in England, France, and Germany. Its practical application here has been entrusted to the best possible hands, and we trust our profession throughout the State will second the efforts of the Board of Health in every practicable way. Let us for very shame not be backward or supine, reflecting that the gift of the institution has been conferred upon us and the public as a free-will offering. The movement was initiated strictly speaking in the Legislature, and, we are told, was carried through without opposition, and without the interposition of medical men.

**HOT SAND BATHS.**—There are two establishments in Germany for the administration of this remedy; one at Dresden, the other at Köstritz. The arrangements at the latter place are thus described. The bath-tub is something like a sarcophagus, six or seven feet long, and resting upon wheels. This is brought up to the supply-pipe, leading from an adjoining chamber, and hot sand is poured upon the bottom to the depth of four inches. The patient, in a light bathing-suit, is then placed upon this layer, and the stream of hot sand is poured over him until every part of his body, with the exception of his head, is buried under several inches of sand, at a temperature of 36°–40° R. The whole is then wheeled into an airy chamber. In a few minutes a perspiration breaks out, so profuse that the aid of an assistant is continually required to wipe the face and head. The sand absorbs the moisture from the rest of the body, so that no discomfort is felt. The pulse increases in frequency, and the temperature under the tongue rises from 1° to 1½° R. The duration of the bath is one hour at most. On arising, a quantity of moist sand is shaken off, and the patient, after cleansing himself in a warm-water bath, goes to his own room, where he lies down and perspires for an hour.

The author of this account (published in the *Deutsche Klinik*, No. 33, 1869) was the victim of chronic rheumatism, following an acute attack, which for three months so nearly crippled him that on his journey to Köstritz he had to be lifted from one carriage to another. During four weeks he used a full-bath, as above described, every forenoon, and local baths of 45° R. for his hands, every afternoon. At the end of this time a considerable exudation in the knee-joints had disappeared; his hands, shoulders, and other joints could be moved freely, and he walked long distances with ease. The only disability that finally persisted was an angular stiffening of both little fingers.—*A. M. Centr. Zeitung*, No. 69.

D. F. L.

**RESIGNATION IN THE MEDICAL SCHOOL OF MAINE.**—Prof. S. T. Dana, of Portland, has resigned the Chair of Theory and Practice in the Medical School of Maine, and Prof. A. B. Palmer, of Michigan, has been appointed in his stead.

While the friends of the Institution will regret exceedingly that Dr. Dana has felt himself compelled to take this step in obedience to the demands of a large general practice, which rendered it impossible for

him to fully discharge his duties both to patients and to the school with its present location, they will be glad to be assured that he retains all his former interest in its prosperity; and in his connection with the Portland School for Medical Instruction and his labors for the development of the Maine General Hospital, he will still work as heartily as heretofore for the best interests of the profession in the State.

**DEATH FROM CHLOROFORM MIXED WITH ETHER.**—The patient had multiple tumors of the larynx and was about to undergo tracheotomy as preliminary to their removal.

The anæsthetic used was the mixture of ether and chloroform 2 to 1, the patient being in the horizontal position. The patient at first yielded gently to the influence of the anæsthetic, but soon became excited, raised himself once or twice almost to the sitting posture, when suddenly his pulse stopped, respiration ceased, the lips and face turned blue. After one or two ineffectual attempts to restore respiration, by the application of air, ammonia, and artificial respiration, Dr. Collins performed tracheotomy as rapidly as he could, and the tube was inserted. Artificial respiration was resumed, and kept up for half an hour; the chest was repeatedly inflated by breathing into the tube; the galvanic battery was applied, but all in vain.—*Medical Record*.

**CURE OF CAROTID ANEURISM BY DIGITAL COMPRESSION.**—A case of aneurism of the primitive carotid, successfully treated by intermittent digital compression of the arterial trunk, has been reported by M. Rouge, of Lausanne, to the Society of Surgery of Paris. The patient was 68 years of age, and a male. The compression was effected laterally, the thumb being placed against the anterior edge of the sterno-mastoid, the next three fingers under the posterior edge, and the artery being thus seized and compressed between them. Thus the pressure on the pneumogastric nerve was avoided. Digital compression was continued for seventeen days, for an average of seven or eight hours each day.—*Brit. Med. Journal*.

**LIKE OR DISLIKE.—SIMILAR OR DIFFERENT.** "The government of India is promoting the growth of ipecac in Hindostan." If there be any truth in the homœopathic maxim of *Similia Similibus Curantur*, we would say that the cultivation of ipecac would be popular among the Sikh tribes.—*Fun*.



## Medical Miscellany.

**APPOINTMENTS AT THE BOSTON CITY HOSPITAL.**—Dr. Charles E. Buckingham has been appointed on the Board of Consulting Physicians and Surgeons at the City Hospital, in place of Dr. S. D. Townsend, deceased.

Dr. W. C. B. Fifield has been appointed one of the Visiting Surgeons of the City Hospital, in place of Dr. F. C. Ropes, deceased.

Dr. SYME, we learn from abroad, is gradually retiring from his professional offices. To the resignation of his professorship he has added that of his connection with the Royal Infirmary as surgeon. The Directors of the latter institution have bestowed on him the title of Consulting Surgeon.

A CORRESPONDENT asks if house-plants are injurious to the occupants of a room in which the former are placed. Certain flowers have been pronounced pernicious, as in an extract we gave last week. The same has been predicated of plants, and again from time to time denied. Will some one who is conversant with the subject reply to the question?

A CORRESPONDENT propounds the following question:—

"Why do those who have pulmonary consumption entertain a vivid hope of their recovery, even in the last stage of the disease? Why does this peculiar hopeful state of the mind obtain when the lungs are ulcerated, and the reverse state of mind in disease of the liver and the abdominal cavity?"

The answer to the second question may, perhaps, be the key to the first.

We have received the following card:—

The Children's Hospital, No. 9 Rutland Street, Boston, for the medical and surgical treatment of children between the ages of 2 and 12. Application for the admission of patients may be made at the Hospital, at 9 A.M., on any day of the week except Sunday. Recent cases of accident received at any hour. The price of board, at present, is four dollars. A limited number of patients will be received on free beds. Patients not living in Boston received only on payment of the regular board. Relatives may be admitted to see patients on each day of the week, except Sunday, from 11 to 12.

**QUERY.**—On page 147 of our last issue, our friend Dr. Cotting, in speaking of cases of diarrhoea treated by watermelon, says, "their histories may furnish *fruitful* suggestions," &c. Did he intend a pun?

THE readers of the JOURNAL will find this a *Derby-day* for us, with no losers on either side; and all a matter of *chance*, too. In fact, we told the compositor the entries were all *must-go-wins* (*must-go-ins*).

**HOMOEOPATHIC.**—In the report on Obstetrics, read before the American Institute, is the detailed

report of a case of "imperforate hymen" ruptured with Silica 6000—*Pacific Med. & Surg. Jour.*

## MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic. 9 A.M., City Hospital, Ophthalmic Clinic. TUESDAY, 9 A.M., City Hospital, Medical Clinic, 10 A.M., Surgical Lecture. 9 to 11 A.M., Boston Dispensary. 9-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10 A.M., Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11 A.M., OPERATIONS.

As suggested in the concluding number of the last volume of the JOURNAL, the publishers intend to close Vol. IV. in December. It will be desirable, in order to prevent mistakes hereafter, that the regular series of twenty-six numbers in the volume be in some way shown on the face of the weekly issues, and the plan is therefore begun, this week, of occasionally so numbering them as to accomplish this object. More than sufficient matter over the regular issue of 16 pages weekly has already been given this year to make up for this shortening of time, and more will be given as press of matter may require—the double numbering being, if possible, confined to the issues comprising extra pages.

TO CORRESPONDENTS.—Communications accepted.—Bibliographical Notice by B. of a book of Politzer's.—Citation relative to Displacement of the Heart.—Translated Extracts from a Review by T. W. F.

**BOOKS RECEIVED.**—A Course of Practical Chemistry, arranged for the use of Medical Students. By William Odling, M.B., F.R.S., &c. &c. H. C. Lea, Philadelphia. Pp. 261.—Sleep and its Derangements. By William A. Hammond, M.D., New York. J. B. Lippincott & Co., Philadelphia. James Campbell, Boston. Pp. 316.—The Pathology and Treatment of Stricture of the Urethra, and Urinary Fistula. By Sir Henry Thompson, F.R.C.S., London. From the third and revised London Edition. Henry C. Lea, Philadelphia. For sale by James Campbell, Boston. Pp. 360.—The Physician's Visiting List for 1870. Lindsay & Blackiston, Philadelphia. For sale in Boston by James Campbell.—Transactions of the Philadelphia Obstetrical Society. No. 1. Pp. 94.—The Physical Life of Woman: Advice to Maiden, Wife and Mother. By George H. Napheys, M.D., Member of the Philadelphia County Medical Society, &c. Philadelphia. George Maclean. Pp. 232.—Remarks on the Training of Nurses. Read before the American Medical Association by S. D. Gross, M.D., LL.D., &c. Philadelphia. Pp. 16.

**DIED.**—In Cornwall, Ct., Dr. S. W. Gold, aged 75.

**DEATHS IN BOSTON** for the week ending October 2, 118. Males, 58.—Females, 60.—Accident, 2.—Apoplexy, 1.—congestion of the brain, 1.—disease of the brain, 2.—bronchitis, 2.—burns, 1.—cancer, 1.—canker, 1.—cholera infantum, 11.—cholera morbus, 1.—consumption, 24.—convulsions, 1.—croup, 3.—cyanosis, 1.—debility, 1.—diarrhoea, 4.—dropsy of the brain, 2.—drowned, 1.—dysentery, 3.—scarlet fever, 3.—typhoid fever, 3.—gangrene, 1.—hemorrhage, 1.—disease of the heart, 4.—infantile disease, 4.—interperence, 1.—jaundice, 1.—disease of the kidneys, 2.—congestion of the lungs, 2.—inflammation of the lungs, 3.—marasmus, 5.—old age, 4.—peritonitis, 1.—premature birth, 1.—rheumatism, 1.—teething, 3.—ulcers, 1.—unknown, 6.—whooping cough, 3.  
Under 5 years of age, 40.—between 5 and 20 years, 12.—between 20 and 40 years, 33.—between 40 and 60 years, 10.—above 60 years, 13. Born in the United States, 83.—Ireland, 22.—other places, 14.